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Mulroy's Seaview Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected Mulroy's Seaview Nursing Home on 2 December 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Mulroy's Seaview is a converted property on the seafront at Redcar. The service is situated near to the town centre

with a wide range of facilities. The service provides personal and nursing care to maximum number of 27 peoples who have a mental health condition and some of whom also have a physical disability.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Robust recruitment procedures were not in place. The registered manager did not ask prospective staff to complete an application form before they started work. Application forms are a way of finding out about the person, their employment history, training and qualifications and determining if they are suitable for the intended role. Staff files did not contain any references. This meant that checks had not been made to make sure that the person was a good employee or of good character. Disclosure and Barring Service check (DBS) were available on two of the three staff files looked at, however this check was not always carried out before staff started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Staff had not received regular supervision or an annual appraisal.

Some plans of care for people who used the service had been written in 2008 / 2009 and were not up to date. Care plans had not been reviewed or updated to ensure that current needs were included.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted applications to the supervisory body (local authority) and these had been authorised with no conditions attached. The registered manager had failed to inform CQC in respect of the outcome. This will be dealt with outside of the inspection process.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The

service did not have a health and safety audit. Other audits that had been completed were ineffective as they did not pick up on areas of concern that we identified at this inspection. Staff meetings were irregular and not all staff had been invited to attend. Team meetings provide staff with the opportunity to share information.

Staff had not received training in MCA, DoLS or Managing violence and aggression

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. Sufficient numbers of staff were on duty to ensure that people's needs were met.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Systems were in place for the management of medicines. Nurses have received medicine update training, however have not had their competency assessed.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as behaviour that challenges, absconding, smoking, using the stairs and nutrition. This enabled staff to have the guidance they needed to help people to remain safe. People told us that there were enough staff on duty to meet people's needs

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

The main kitchen had been out of action for many months which had impacted on the variety of food that could be produced, however people commented that the food provided was always of a good quality. The main kitchen was due to open Monday 7 December 2015 and

Summary of findings

new menus had been introduced. Nutritional screening had been completed, however there were gaps in people being weighed and some staff had incorrectly scored on the nutritional screening tool.

The service employed a person solely to manage all health appointments. People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

There was a breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009. The Care Quality Commission will deal with this outside of the inspection process.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Recruitment systems were not robust. Application forms were not completed and references had not been requested prior to the start date of new staff.

There were arrangements in place to ensure people received medication in a safe way. However staff had not had their competency assessed.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Staffing levels were sufficient to ensure that people's needs were met.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had not received supervision or an annual appraisal.

Appropriate capacity assessments had been completed by nurses at the service. However not all staff had received training. Care staff had limited understanding of The MCA 2005 and DoLS. All staff hadn't received training in managing violence and aggression.

For the last 12 months food choices had been limited, however this had not affected quality. People were looking forward to the opening of the new kitchen and introduction of new menus.

People were supported to maintain good health and had access to healthcare professionals and services.

Requires improvement



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Good



Is the service responsive?

The service was not always responsive.

Care plans had not been updated to reflect the current care needs of people who used the service

People who used the service and relatives were involved in decisions about their care and support needs.

Requires improvement



Summary of findings

People had opportunities to take part in activities of their choice inside and outside the service.

Is the service well-led?

The service was not always well led.

Effective quality monitoring systems were not in place to ensure the service was run in the best interest of people who used the service.

Staff, people who used the service and relatives told us the registered manager was approachable and they felt supported.

Requires improvement



Mulroy's Seaview Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 2 December 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. The inspection team consisted of one social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR) which we received prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 27 people who used the service. We spoke with five people at length and generally to others. We also spoke briefly with one visitor. Some people who used the service had limited communication so we spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms.

During the visit we spoke with the registered manager, deputy manager, medical co-ordinator, handyman, chef, a nurse and a care assistant. We also contacted commissioning teams who did not report any concerns about the service. We also contacted a visiting professional. Comments can be read in the main body of the report.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We looked at the files of three staff recruited in the last 12 months to check to see if the registered provider followed a safe recruitment system. Examination of records identified that a safe recruitment system was not in place. The staff recruitment process did include completion of a Disclosure and Barring Service check (DBS), however this check was not always carried out before staff started working at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Application forms were not available for any of the three staff files we looked at. Application forms are a way of finding out about the person, their employment history, training and qualifications and determining if they are suitable for the intended role. Staff files did not contain any references. This meant that checks had not been made to make sure that the person was a good employee or of good character.

This was a breach of Regulation 19 (1) (c), 19 (2) and 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service if they felt safe. People told us they felt safe. One person said, “We all look after each other.” Another person said, “I have good friends around me and staff you can trust.”

Staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistleblowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. Our discussions with staff demonstrated they had a good working knowledge of their responsibilities to protect vulnerable people from abuse. One staff member said, “I would whistleblow if needed. You have to put resident’s best interest first you are not here to make friends.”

The deputy manager told us that staff received safeguarding training ever two years. We saw records to confirm that 83% of staff had received this training in the last two years.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to three people who used the service. People’s care plans included any necessary risk assessments based both on actual and perceived risk. The identified areas of risk depended on the individual and included issues such as behaviour that challenges, absconding, smoking, using the stairs and nutrition. Staff at the service used recognised assessment tools for looking at areas such as nutrition. We saw where risks had been found, risk reduction strategies had been identified. For example one person had been identified with behaviour that challenged. Risk assessments clearly outlined possible triggers to this and action that staff should follow if the person was displaying such behaviours.

The handyman told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers, hoists, nurse call and gas safety.

We saw certificates to confirm that portable appliance testing (PAT) was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We also saw that emergency evacuation plans were in place for each of the people who used the service. These provided staff with information about how they can ensure an individual’s safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. The most recent practice had taken place in June 2015. The handyman told us that another fire drill was to take place in the near future. A test of the fire alarm was undertaken each week to make sure

Is the service safe?

that it was in safe working order. Records indicated that there wasn't a system in which to monitor and ensure that each zone was tested at regular intervals. The handyman was picking zones to test randomly. This meant that the frequency of testing for each zone was at different intervals and it could be some time before faults of the system were picked up. This was pointed out to the handyman who told us they would develop a more systematic approach to testing.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The deputy manager said that accidents and incidents were looked at on a monthly basis to identify trends. The deputy manager said that details of all accidents were sent to the local authority on a monthly basis and that this was the document they used to identify trends or patterns. We were shown this document, however it was difficult to see how this was used to analyse falls as times of falls were not always recorded. The deputy manager acknowledged this and said that they would carry out a more detailed analysis with immediate effect.

We looked at the arrangements that were in place to ensure safe staffing levels. At the time of our visit there were 27 people who used the service. The deputy manager told us that on a morning until 3pm there were six staff on duty one or two of which could be an apprentice. On an afternoon from 3pm until 6pm there were four or five staff on duty again of which one or two could be an apprentice. From 6pm until 9:30pm there were three care staff on duty one of which could be an apprentice. Overnight there were two care staff. In addition to this a nurse was on duty at all times during the day and night. The deputy and registered manager told us that staffing levels were flexible, and could be altered according to need. People who used the service confirmed that staff were available should they need them during the day and the night. During our visit we observed

that there were enough staff available to respond to people's needs. There was always a staff member visible in two of the lounge areas. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency.

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the people who used the service were able to look after or administer their own medicines. Nursing staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. We did see however that one person was to have their medicines covertly (hidden in food and drink) and although this was recorded in their plan of care and that the GP agreed, there was no formal written agreement in respect of this from the GP. The registered manager told us they would obtain this and put into the persons file.

The service had a medication policy in place, which staff understood and followed. We checked peoples' Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. There was information available to staff on what each prescribed medication was for and potential side effects. Nurses responsible for administering medication had received medication training in December 2014; however medicine competencies had not been undertaken. The registered manager and deputy told us that they would take action to address this as a matter of importance.

Is the service effective?

Our findings

We asked the deputy manager about supervision provided to staff. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The deputy manager told us they were behind with supervision and that staff had not received this for about 12 months. The deputy manager told us that staff had not received an annual appraisal. We asked the reason why they had fallen behind we were told that tasks had needed to be prioritised because of staff absence and supervision and appraisal had taken a back seat.

The deputy manager told us that training in infection control and health and safety was every three years. We looked at charts which detailed training that staff had undertaken. It was difficult to determine exact numbers of staff who had completed training as there were two training charts. Names did not match on each of the charts. For example there were 42 staff named on one chart and 38 staff named on another training chart. We saw that about 88 % of staff had completed training in infection control and health and safety. We were told that food hygiene and safeguarding training was completed every two years. We saw that about 83% of staff had completed training in safeguarding and food hygiene. Fire training, first aid and moving and handling were annually. Records indicated that 100% of staff had received training in fire safety and about 93% of staff had completed training in moving and handling and first aid. We saw that around 45% of staff had attended training in violence and aggression. We saw that none of the nursing staff had completed this training.

We looked at a training chart which indicated that only of 12% of staff had attended training in the Mental Capacity Act (MCA) 2005 and DoLS. During the inspection we spoke with a care assistant in respect of this who had very little knowledge. The registered manager was aware of the need to ensure that all staff receive this training.

This was a breach of 18 (2) (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection seven people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. The registered manager had submitted applications to the supervisory body (local authority) and these had been authorised with no conditions attached. The registered manager had failed to inform CQC in respect of this.

This was a breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009. The Care Quality Commission will deal with this outside of the inspection process.

We found the care records we reviewed contained appropriate assessments of the person's capacity to make decisions. The assessments were specific to a particular decision, for example when consideration was being given to administer medicines covertly (when medicines are hidden or disguised in food or drink). There were other decision specific assessments in relation to personal care and going out in the community amongst others.

We spoke with the deputy manager to check their understanding of current legislation regarding the Mental Capacity Act 2005. Their answers demonstrated a good understanding of the law and how it had to be applied in practice.

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "We have fully trained mental health nurses who look after us well. If my mood is low they will ask me what we can do to improve it." Other people confirmed that staff were available and provided them with guidance, support and advice.

Is the service effective?

The registered manager and deputy manager told us that over the last 12 months they had needed to make some changes in relation to the food provided. This was because there had been a flood in the main kitchen which meant major refurbishment. The main kitchen had been out of action for approximately 12 months. The chef had used what was previously a small kitchen for people who used the service. As the result of this the menu had needed to change to include meals that could be cooked in one pot such as casseroles and curry's etc. The deputy manager told us that the main kitchen was to open again on 7 December 2015. The registered provider failed to inform the care Quality Commission in respect of this. The registered provider must inform the Care Quality Commission of all incidents that can affect the running of the service.

This was a breach of Regulation 18 (Notification of other incidents of The Care Quality Commission (Registration) Regulations 2009. This will be dealt with outside of the inspection process.

People who used the service told us that this had not impacted on the quality of food provided; however it had meant a change to the variety. One person said, "They have been struggling with food but they have performed miracles." They told us they were looking forward to new menus which were to be introduced from Monday 7 December 2015.

We sat with people in the ground floor dining room whilst they ate their meal. People told us they had a choice of food and they liked what was provided. One person said, "The food is always good." We saw that people made their own drinks and those who were unable were supplied with a plentiful supply of hot and cold drinks during the inspection.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The service used the Malnutrition

Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. In the care records we looked at we saw some gaps in people being weighed and some incorrect scoring. This meant that staff might not identify a person who is losing weight and take appropriate steps to address the weight loss. The registered manager said that they would address this with immediate effect.

We spoke with the chef about the new menus. They told us how they had ensured they were nutritionally balanced and healthy and they had used the eatwell plate. The eatwell plate highlights the different types of food that makes up your diet and shows the proportions we should eat to have a healthy and balanced diet.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and community psychiatric team.

As part of the inspection we spoke with a visiting professional. They said, "They do care for people and provide a reasonable level of care. They are pretty on board with their physical and mental health needs." However they did mention that staff at the service call for their input at times when people who they have known for a long time display small behavioural changes. The visiting professional felt that staff at the service should be able to manage such behavioural changes without always calling for advice.

The deputy manager said that the home employs one staff member solely as a medical co-ordinator and their role is to take responsibility for managing all appointments and taking people to the doctors, dentist, hospital appointments etc. We spoke with the medical co-ordinator who told us that this worked well and ensured continuity.

Is the service caring?

Our findings

People we spoke with during the inspection told us that they were very happy and that the staff were very caring. One person said, "It's not just about the décor or how new the place is. It is about how they interact with patients." The same person said, "I feel like part of the furniture." Another person said, "They always ask you how you are."

During the inspection we spent time observing staff and people who used the service. We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication. This demonstrated that staff knew the people they cared for extremely well.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed. Staff interacted well with people and provided them with encouragement. Staff described each person to us and their individual needs. They were able to tell us about what they liked and disliked.

One person who used the service had memory loss and repeated questions to staff a number of times. Each time staff patiently answered and reassured the person. Another person told us they had been poorly the night before the inspection and staff had stayed with them for 45 minutes until they felt better. This showed staff were caring.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. People told us that they could spend time in their rooms if they wanted and that staff respected their privacy and treated them well. Staff were able to describe to us how they worked in a way that protected people's privacy and dignity. For example, they described knocking on people's doors and asking if they could come in before entering, asking permission before doing things and explained how they tried to offer reassurance and reduce or manage embarrassment where necessary. One staff member told us how one person who used the service didn't like males to provide their personal care. They told us how they worked to make sure that only female staff provided this care.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. We were told how people had been supported to maintain relationships that were important to them. For example, one person told us about how important family visits were to them. They told us how their family had visited them regularly and that they could stay for something to eat and drink. We saw that the relative of one person stayed for their tea on the day of the inspection. The relative told us how they were always made to feel welcome. Another person told us their friend visited them regularly and that they too were always made welcome.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

During our visit we reviewed the care records of three people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care and support plans we looked at included people's personal preferences, likes and dislikes. However some of these plans had been written in 2008 / 2009 and although they had been evaluated the intervention required to manage the problem had not been updated. For example one person who used the service had been identified as having recurrent urine infections. The plan of care (intervention needed) had not been updated to reflect that the person was now prescribed long term antibiotics. Another plan suggested that person had very challenging behaviour; however by reading the evaluations of care it would suggest that this behaviour had decreased yet the care plan had not been updated to reflect this. The moving and handling care plan for another person had not been updated to reflect that they now used a zimmer frame to get around.

Another plan of care for a person who came into the service in July 2015 had been developed at the time; however this had not been reviewed or evaluated since admission.

This was a breach of Regulation 17 (Good Governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, "I go out all the time. Today I'm going out to see family." They told us how they liked to go shopping in Middlesbrough. They told us how they were encouraged to go out independently and that they also went shopping with staff when they wanted to buy clothes.

Some people who used the service and staff told us about a club they attended on a weekly basis. People told us that

at they liked attending this club where they could enjoy a coffee and live entertainment (local bands). One person said, "Most Tuesdays X [registered manager] pays for taxis for us so that we can go to the Kavern Klub. I enjoy going."

The deputy manager told us how one person liked to walk along the seafront and how another person regularly used public transport to visit their friend.

In house people liked to play card games, watch films and take part in arts and crafts. One the evening of the inspection we saw how four people who used the service had got together to play cards. One person who used the service said, "We all look after each other. I have made loads of friends. X [person who used the service] goes to the shop for us if we want anything. That's how good a team we are here."

The registered manager told us they were busy preparing activities and a party for Christmas. They told us that one of the live acts who had sung at the Kavern Klub was coming to sing at the Christmas party. We were told that family were also to be invited to the party and that pie and peas was on the menu.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

The deputy manager told us the service had a complaints procedure, which was provided to people and their relatives. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them. There have not been any formal complaints in the last 12 months. People told us they wouldn't hesitate in raising any concerns or complaints with any of the staff. One person said, "You can tell any of the staff if something is wrong. I had an issue with the cleanliness of the toilets and they sorted it out."

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager completed an infection control audit, however this was very brief. Where actions had been identified an action plan had not been developed to identify who would be taking responsibility for the work and when it would be completed. There wasn't an audit for health and safety. Lack of auditing means that areas in need of improvement in relation to health and safety may be missed. The service had an annual review of care audit, however this audit was ineffective as it did not detail checks to be carried out and it did not highlight the areas we identified as requiring improvement. The accident audit was insufficiently detailed to pick up on any trends. Also the systems for assessing the performance of the service did not identify the gaps in staff training.

The registered provider who is also the registered manager worked and visited the service on a regular basis, however did not keep a written record of any quality monitoring visits. The deputy manager told us the registered manager speaks with people who used the service and staff during these visits and makes check on other records for example recruitment, supervision, training and audits amongst others, however does not complete a formal report. The registered provider told us they would commence this and do a monthly quality monitoring report.

The registered and deputy manager recognised that meetings for staff had been infrequent and that not all staff had been given the opportunity to attend. The last meeting for nurses had been held in June 2015 and there had been a senior care staff meeting but there hadn't been meetings for other care or ancillary staff.

We saw that a survey had been carried out to seek the views of people who used the service in October 2015, however the results of the survey had not been analysed nor an action plan developed.

This was a breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they met with staff on a monthly basis to share their views. We saw the last meeting notes of the meeting on 28 November 2015. We saw that people had talked about food for the new menus and activities.

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. People also spoke highly of the registered manager. One person said, "X [registered manager] is great he will do anything for you."

Staff told us the morale was good and that they were kept informed about matters that affected the service. One person said, "I absolutely love my job and coming to work."

Staff described the registered manager and deputy manager as a visible presence who worked with people who used the service and staff on a regular basis.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staff had not received supervision or an annual appraisal.</p> <p>Staff were not suitably trained to enable them to carry out the duties within their role. The majority of staff had not received training in The MCA 2005 or DoLS. Many staff had not attended training in violence and aggression.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider did not have a robust recruitment and selection procedure. Application forms were not completed and references were not obtained before staff started work. A DBS check was not always carried out before staff started work.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who used the service and others were not protected against the risks associated with ineffective monitoring of the service. Effective governance arrangements were not in place.

The information available in care records was insufficient to ensure that people would receive person centred care.